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NAME	FAX No.	PHONE No.
USPTO	571-273-8300	

FROM: Laura A. Majerus **PHONE:** (650) 335-7152**SENT BY:** Dana Chevalier **PHONE:** (650) 943-5363

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MESSAGE:

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TRANSMITTAL FORM <i>(to be used for all correspondence during pendency of filed application)</i>		Application Number	10/667,103
		Filing Date	September 17, 2003
		First Named Inventor	Justin Khoo
		Group Art Unit Number	2154
		Examiner Name	John A. Follansbee
Total Number of Pages in This Submission	2	Attorney Docket Number	23831-08092

ENCLOSURES (check all that apply)	
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REMARKS: <hr/>	

SIGNATURE OF ATTORNEY OR AGENT		
Signature:	<i>Laura Majerus</i>	
Attorney/Reg. No.:	Laura A. Majerus, Reg. No. 33417	Dated: Nov 30, 2006

CERTIFICATE OF FACSIMILE TRANSMISSION		
I hereby certify that this correspondence, including the enclosures identified above, is being transmitted on the date shown below via facsimile to: Commissioner for Patents at the facsimile number indicated below.		
Signature:	<i>Laura Majerus</i>	
Typed or Printed Name:	Laura A. Majerus	Dated: Nov 30, 2006
Facsimile Number:	571-273-6300	

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/667,103
Filing Date	September 17, 2003
First Named Inventor	Justin Khoo
Group Art Unit	2154
Examiner Name	John A. Follansbee
Attorney Docket Number	23831-08092

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.

The reasons for this request are:

The client knowingly and freely assents to termination of the employment.

1. The correspondence address is NOT affected by this withdrawal.
2. Change the correspondence address and direct all future correspondence to:

Firm or Individual Name	Barry N. Young Law Offices of Barry N. Young				
Address	Court House Plaza, Suite 410				
Address	260 Sheridan Avenue				
City	Palo Alto	State	CA	Zip	94306
Country	USA				
Telephone	(650) 326-2701	Fax	(650) 326-2799		

This request is made on behalf of myself and
 all the attorneys/agents of record,
 the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 the attorneys/agents associated with Customer Number 00758.
 on whose behalf I have signed this request and on whose behalf I am authorized to sign.

Name Laura A. Majerus, Reg. No. 33,417

Signature *Laura Majerus*

Date Nov 30, 2006

NOTE: Withdrawal is effective when approved rather than when received.
 Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.